



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•MAD980731095

INSTALLATION ADDRESS

ALGONQUIN GAS TRANSMISSION CO
1284 SOLDIERS FIELD RD
BOSTON MA 02135

8 WILSON WAY
WESTWOOD MA 02090

61
4.27.99

Request for Handler Information Change in RCRIS

MASS DEP Northeast Region /978.661.7600

Handler ID Number (Required) MAD98D731095

Handler Name Algonguin Gas (required)

=====

Information to Be Replaced

Changed or New Information

Name _____

Co. Address _____

Mailing _____

City, Zip Code _____

Contact:

Name _____

Title _____

Telephone _____

Ownership Changes

Name _____

Address _____

Telephone _____

Date/ Change _____

Current RCRA Status LG SG VG INAC(7) NA TR B/B

New RCRA Status LG SG VG INAC(7) NA TR B/B

Current Waste OIL Status LG* SG* VG* UNKNOWN NO OIL

New Waste Oil Status LG* SG* VG* NO OIL

#32810

Submitted by D. LaBrode (MA DEP Person) fmf ✓

Entered by _____ Date _____

NOTICE OF EPI ASSESSMENT

MAD 980731095

EPA ID _____ Name Algonquin Gas Transmission Co. GIS Number _____

This file has been reviewed by CDM Federal Programs Corporation under EPA Contract No. 68-W9-0002, Work Assignment No. R01029. The purpose of this review was to gather information pertaining to the Region I Environmental Priorities Initiative (EPI) and specifically, the GIS-based RCRA Ranking Model and RCRA Facility Data System for the Integrated Environmental Management (IEM) effort.

The following documents have been reviewed:

	DATE	COMMENT
_____ RCRA Facility Assessment	_____	_____
_____ Superfund Preliminary Assessment	_____	_____
_____ Site Inspection	_____	_____
_____ Other Site Inspection	_____	_____
_____ Groundwater Assessment Rpts	_____	_____
_____ 3007 "SWMU" Letter Response	_____	_____
_____ Part A Form	_____	_____
_____ Part B Form	_____	_____
✓ _____ Notification Form	<u>8-17-82</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information regarding this facility is being used in the IEM database. For additional information regarding the GIS Model or the Facility Data System and the status of data available regarding this facility, please contact:

Charles Franks
U.S. EPA Region I
JFK Federal Building, HER-CAN3
Boston, MA 02203

File Reviewed By [Signature]

Date 10-9-92

ALGONQUIN GAS TRANSMISSION COMPANY

1284 SOLDIERS FIELD ROAD

BOSTON, MASSACHUSETTS 02135

AREA CODE 617

254-4050

August 17, 1982

U.S. Environmental Protection
Agency, Region I
Waste Management Division
Permits Branch
P.O. Box 8748
Boston, Massachusetts

Gentlemen:

Enclosed is a Notification of Hazardous Waste Activity and request for identification number for Algonquin Gas Transmission Company's pipeline facilities in Massachusetts.

Please let us know if additional information is required.

Very truly yours,

ALGONQUIN GAS TRANSMISSION COMPANY



W.J. Belkin
Manager, Land and Public Relations Dept.

SKH/sam

Enclosure

FINDS

ID NUMBER ASSIGNMENT/INPUT FORM 1

EPA ID NUMBER

Mad 98-073-1095

TRANS CODE

2

DATE ENTERED

820823
Y Y M M D D

NAME OF FACILITY

Algonquin Gas Transmission Co.

STREET

8 Wilson Way

CITY

Westwood

STATE

Ma ZIP 02090

COUNTY NAME

Norfolk

COUNTY CODE

021

SYSTEM:

A. RCRA R B. NPDES C. STATE D. HWCTDB E. SUPERFUND
F. TSCA G. CDS H. SIP I. FATES J. DOCKET

REQUESTOR'S NAME

myules

REQUESTOR'S PROGRAM

RCRA

REQUESTOR'S PHONE

DATE REQUESTED

8/23

REQUEST REC'D BY

my

ASSIGNED BY

my

METHOD SENT

Please print or type with ELITE type (12 characters/inch) in the shaded area only.

U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY							
I. NAME OF INSTALLATION II. MAILING ADDRESS III. LOCATION OF INSTALLATION	PLEASE PLACE LABEL IN THIS SPACE						
INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).							
FOR OFFICIAL USE ONLY COMMENTS							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">INSTALLATION I.D. NUMBER</td> <td style="width: 10%;">APPROVED</td> <td style="width: 60%;">DATE RECEIVED (mo., day, & yr.)</td> </tr> <tr> <td>F M A D Y 8 0 7 3 1 0 9 5</td> <td>1</td> <td>8 2 0 8 2 0</td> </tr> </table>		INSTALLATION I.D. NUMBER	APPROVED	DATE RECEIVED (mo., day, & yr.)	F M A D Y 8 0 7 3 1 0 9 5	1	8 2 0 8 2 0
INSTALLATION I.D. NUMBER	APPROVED	DATE RECEIVED (mo., day, & yr.)					
F M A D Y 8 0 7 3 1 0 9 5	1	8 2 0 8 2 0					
I. NAME OF INSTALLATION A L G O N Q U I N G A S T R A N S M I S S I O N C O M P A N Y							
II. INSTALLATION MAILING ADDRESS STREET OR P.O. BOX 3 1 2 8 4 S O L D I E R S F I E L D R O A D CITY OR TOWN ST. ZIP CODE B O S T O N MA 0 2 1 3 5							
III. LOCATION OF INSTALLATION STREET OR ROUTE NUMBER 5 8 W I L S O N W A Y Norfolk CITY OR TOWN ST. ZIP CODE W E S T W O O D MA 0 2 0 9 0 021							
IV. INSTALLATION CONTACT NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.) 2 H A R V E Y S T E P H E N S R E N G I N E E R 6 1 7 - 2 5 4 - 4 0 5 0							
V. OWNERSHIP A. NAME OF INSTALLATION'S LEGAL OWNER 7 A L G O N Q U I N G A S T R A N S M I S S I O N C O M P A N Y							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">B. TYPE OF OWNERSHIP (enter the appropriate letter into box)</td> <td style="width: 60%;">VI. TYPE OF HAZARDOUS WASTE ACTIVITY</td> </tr> <tr> <td>F = FEDERAL M = NON-FEDERAL M</td> <td>57 <input checked="" type="checkbox"/> A. GENERATION 58 <input type="checkbox"/> B. TRANSPORTATION (complete item VII)</td> </tr> <tr> <td></td> <td>59 <input type="checkbox"/> C. TREAT/STORE/DISPOSE 60 <input type="checkbox"/> D. UNDERGROUND INJECTION</td> </tr> </table>		B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY	F = FEDERAL M = NON-FEDERAL M	57 <input checked="" type="checkbox"/> A. GENERATION 58 <input type="checkbox"/> B. TRANSPORTATION (complete item VII)		59 <input type="checkbox"/> C. TREAT/STORE/DISPOSE 60 <input type="checkbox"/> D. UNDERGROUND INJECTION
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY						
F = FEDERAL M = NON-FEDERAL M	57 <input checked="" type="checkbox"/> A. GENERATION 58 <input type="checkbox"/> B. TRANSPORTATION (complete item VII)						
	59 <input type="checkbox"/> C. TREAT/STORE/DISPOSE 60 <input type="checkbox"/> D. UNDERGROUND INJECTION						
VII. MODE OF TRANSPORTATION (transporters only) <input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):							
VIII. FIRST OR SUBSEQUENT NOTIFICATION Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. number in the space provided below. <input checked="" type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C) <div style="float: right; border: 1px solid black; width: 150px; height: 20px;"></div>							
IX. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information.							

I.D. NO. - FOR OFFICIAL USE ONLY									
S									
W									1

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 M 0 0 2 23 - 26	2 M 0 0 1 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark 'X' in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.23.)

☐ 1. IGNITABLE ☐ 2. CORROSIVE ☐ 3. REACTIVE ☐ 4. TOXIC

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>[Signature]</i>	OFFICIAL TITLE Manager, Compression Department	DATE SIGNED 18/17/82
---------------------------------	---	-------------------------

EPA Form 8700-12 (2-80) REVERSE
BILLING CODE 6560-01-C

CMEL - 3 Rev. 1
10/01/88

FY 1989 RCRA COMPLIANCE MONITORING AND ENFORCEMENT LOG
Initial Evaluation - Massachusetts State Form

RCRA RECORDS CENTER
FACILITY: Algonquin Gas Transmission Co
I.D. NO. MAD980731093

Date Submitted to EPA: <u>7-11-90</u>	Submitted By: <u>GREG DIMASZAK</u>	New: <input checked="" type="checkbox"/>	Update: <input type="checkbox"/>	Header Sequence #: <u>OTHER</u>	Enforcement Action Sequence #: <u> </u>
---------------------------------------	------------------------------------	--	----------------------------------	---------------------------------	--

1. EPA ID: (12 Characters) M-A-D-9-8-0-7-3-1-0-9-5 Non-Notifier: ☐ ID # To Be Issued: ☐

2. HANDLER NAME: <u>Algonquin Gas Transmission Company</u>	MA REGION: <u>C</u> (NE) SE W
3. SITE ADDRESS: <u>2 Wilson Way</u> (street and town) <u>Westwood, Ma. 02090</u>	

4. ACTIVITY TYPE (S): (Check all activity types listed in EPA FOI report for the handler)

<input checked="" type="checkbox"/> Generator \geq 1000 kg	<input type="checkbox"/> Generator $<$ 100 kg	<input type="checkbox"/> TSD LDF	<input type="checkbox"/> Burn-Blend/H.W. Fuel
<input type="checkbox"/> Generator 100-999 kg	<input type="checkbox"/> Transporter	<input type="checkbox"/> TSD non-LDF	<input type="checkbox"/> Burn-Blend/Used Oil Fuel
(Waste Oil Handlers: <input type="checkbox"/> Gen \geq 1000 kg <input type="checkbox"/> Gen 100-999 kg <input checked="" type="checkbox"/> Gen $<$ 100 kg)			

5a. DATE OF EVALUATION: 6/7/90
(Month/Day/Year)

5b. AGENCY RESPONSIBLE FOR EVALUATION: State (this form used for State evaluation only)

6. TYPE OF INITIAL EVALUATION COVERED BY THIS REPORT: Type: 1 (Enter one type)

- | | | |
|--|------------------------|------------------------|
| 1 = compliance evaluation inspection (CEI) | 6 = citizen complaint | 11 = case development |
| 2 = sampling inspection | 8 = Part A withdrawal | 12 = O&M inspection |
| 3 = record review | 9 = closed facility | 13 = corrective action |
| 4 = comprehensive GWM inspection (CME) | 10 = general (partial) | oversight |

7. EVALUATION COMMENTS: (Comment in Block 10, below)

8a. CLASS AND VIOLATION AREA: (Enter all that apply)

VIOLATION TYPE

O = no violations
X = new violations
H = high priority violator (HPV)
S = same existing violation as prior evaluation
Z = pending determination
I = insurance violation only (Financial)
B = both financial assurance and insurance violations

Violations/Areas Evaluated								
Class of Violation	GWM	CPC	Financial	Part B	Comp. Sch.	Manifest	Other	Land Ban
I						0	0	0
II						0	0	0

8b. VIOLATION COMMENTS: (Comment in Block 10, below)

9. ENFORCEMENT ACTIONS:

ENFORCEMENT ACTION TYPE

- 03 = Warning Letter
04 = Administrative Complaint
05 = Final Administrative Order
10 = Informal Action
11 = Filed Civil Action
12 = Filed Criminal Action
13 = Referred to State
14 = Referred to EPA
15 = 3008 (h) Initial Order
16 = 3008 (h) Final Order
17 = Civil Referral to AC
18 = Final Court Order
21 = NON (Federal Facility Only)
22 = Federal Facility Compliance Agreement
23 = Federal Facility Referral to Headquarters

Class (I or II)	Area of Violation (refer to Block 8 above)	Type (use codes)	Date Action Taken	Compliance Dates		Penalty Amount: (dollars)		Resp. Agency (use code)
				Scheduled	Actual	Assessed	Collected	

Responsible Agency:

S = State, X = EPA action in authorized state, E = EPA action in unauthorized state

10. COMMENTS: _____

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING
DIVISION OF HAZARDOUS WASTE
NORTHEAST REGION

LARGE QUANTITY GENERATOR COMPLIANCE INSPECTION CHECKLIST

SITE IDENTIFICATION INFORMATION:

EPA ID #: MA0900731095 Inspection Date: 6 / 7 / 90
Site Name: Algonquin Gas Transmission Co. Site Description: Liquefied Natural
Site Location: 8 Wilson Way Gas Pipeline Transmission Office
Westwood, Ma. 02090 Generator Type: LQG of PCB wastes over 50ppm
Company Official: Bill Donovan - District Foreman Mixed Waste: X
Mailing Address: (same as above) Waste Oil Only: _____
Other: MWRA
Phone Number: (617) 3293750 Permits Issued: _____

Inspection Participants/Titles:

State: Gregory Tomaszewski / Environmental Engineer III
Industry: Caroline D'Agincourt / Senior Environmental Engineer

GENERAL INFORMATION/PROCESS DESCRIPTION:

Algonquin Gas Transmission Co., which is located at 8 Wilson Way in Westwood, Ma., is a large quantity generator of hazardous waste oil with PCB concentrations over 50ppm. PCB condensate wastes are generated when natural gas pipelines are cleaned by washing with kerosene. These PCB wastes accumulate in the transmission lines which originate in Texas. Generators pump the gas through the pipeline along with minute condensate containing PCB's. These PCB wastes concentrate of the inner pipeline walls within the pipeline feeding the Boston Gas Company system. These wastes are generated at satellite areas and manifested and transported by Clean Harbors of Kingston Inc. Other wastes at this main office includes waste oil from vehicle maintenance and 0007 and waste flammable liquids from an oil/water separator. General housekeeping at this office was good and all paperwork, including manifest, was in good order.

Facility Name Algonquin Gas Transmission Co.
EPA I.D.# MA0980731095
Facility Rep. Caroline D'Agnacourt (617) 329 3750
Inspector Tomaszewski
Date 6-7-90

RCRA LAND DISPOSAL RESTRICTIONS

GENERATOR COMPLIANCE

Restricted Waste Identification

1. F-Solvent Identification

Waste Handled

F001 _____

F002 _____

F003 _____

F004 _____

F005 _____

N/A Specific Wastes

Have F-solvent wastes been properly identified? ____Y ____N

(Note: F003 wastestream listed solely for ignitability mixed with a non-restricted solid or hazardous waste and still exhibits ignitability characteristic is subject to the LDR.)

2. Dioxin Identification

Waste Handled

F020 _____

F021 _____

F022 _____

N/A F023 _____

F026 _____

F027 _____

F028 _____

3. California List Identification

Liquid hazardous wastes with cyanides ≥ 1000 mg/l _____

Liquid hazardous wastes with metals or compounds \geq :

arsenic 500 mg/l _____

cadmium 100 mg/l _____

chromium VI 500 mg/l _____

lead 500 mg/l _____

mercury 20 mg/l _____

nickel 134 mg/l _____

selenium 100 mg/l _____

thallium 130 mg/l _____

Liquid hazardous wastes having a pH ≤ 2 _____

Liquid hazardous wastes containing PCBs

≥ 50 ppm _____

≥ 500 ppm _____

Liquid hazardous wastes ≥ 1000 mg/l of
Halogenated Organic Compounds (HOCs) _____

Non-liquid hazardous wastes ≥ 1000 mg/kg of HOCs _____

Does the generator handle D002 (corrosive), D004-D011 (EP toxic) or any other wastes that may be subject to the California list standards? [268.7(a)]

YES
D007, D009
Explain below.

Has the generator conducted the paint filter liquids test (Method 9095) to determine if the California list waste is liquid? [268.32(1)]

Y N

4. First and Second Third Wastes

Does the generator handle any of the following wastes, which are subject to treatment standards?

N/A

F006	F007	F008	F009	F010	F011	F012	F024	K001	K005	K007	K009	K010
K011	K013	K014	K015	K016	K018	K019	K020	K021	K022	K023	K024	K025B
K027	K028	K029	K030	K036	K037	K038	K039	K040	K043	K044	K045	K046
K047	K048	K049	K050	K051	K052	K060	K061	K062	K069	K071	K083	K086
K087	K093	K094	K095	K096	K099	K100	K101	K102	K103	K104	K113	K114
K115	K116	P013	P021	P029	P030	P039	P040	P041	P043	P044	P062	P063
P071	P074	P085	P089	P094	P097	P098	P099	P104	P106	P109	P111	P121
U028	U058	U069	U087	U088	U102	U107	U190	U221	U223	U235		

e K025 nonwastewaters that were disposed of prior to August 17, 1988 are not regulated by LDR.

Does the generator handle any of the following wastes, which are subject to the soft hammer demonstration?

N/A

F006*	F019*	K004*	K028*	K011*	K013*	K014*	K017	K021*	K022*	K025*	K029*	K031
K035	K041	K042	K046*	K060*	K061*	K069*	K073	K083*	K084	K085	K086***	
K095*	K096*	K097	K098	K101*	K102*	K105	K106	P001	P002	P003	P004	P005
P007	P008	P010	P011	P012	P014	P015	P016	P018	P020	P026	P027	P036
P037	P048	P049	P050	P054	P057	P058	P059	P060	P066	P067	P068	P069
P070	P072	P081	P082	P084	P087	P092	P102	P105	P107	P108	P110	P112
P113	P114	P115	P120	P122	P123	U002	U003	U005	U007	U008	U009	U010
U011	U012	U014	U015	U016	U018	U019	U020	U021	U022	U023	U025	U026
U029	U031	U032	U035	U036	U037	U041	U043	U044	U046	U047	U049	U050
U051	U053	U057	U059	U060	U061	U062	U063	U064	U066	U067	U070	U073
U074	U077	U078	U080	U083	U086	U089	U092	U093	U094	U095	U097	U098
U099	U101	U103	U105	U106	U108	U109	U110	U111	U114	U115	U116	U119
U122	U124	U127	U128	U129	U130	U131	U133	U134	U135	U137	U138	U140
U142	U143	U144	U146	U147	U149	U150	U151	U154	U155	U157	U158	U159
U161	U162	U163	U164	U165	U168	U169	U170	U171	U172	U173	U174	U176
U177	U178	U179	U180	U185	U188	U189	U192	U193	U196	U200	U203	U205
U206	U208	U209	U210	U211	U213	U214	U215	U216	U217	U218	U219	U220
U226	U227	U228	U237	U238	U239	U244	U248	U249				

* Wastewaters from these wastes are subject to the soft hammer provisions.

** K083 wastes with detectable ash are subject to the soft hammer provisions.

*** K086 wastes in the solvent sludges subcategory or the caustic/washwater and sludges subcategory are subject to the soft hammer provisions.

e K025 nonwastewaters that were disposed of prior to August 17, 1988 are not regulated by LDR.

* K101 and K102 nonwastewater wastes in the high arsenic subcategory are subject to the soft hammer provisions.

Are any of the soft-hammer wastes also California list wastes? N/A Y N

(Note: See Appendix A for a listing of California list waste constituents likely to be found in soft-hammer wastes.) Note below.

Recycling Operations

1. Are any of the generator's LDR wastes recycled: onsite? Y ✓N
offsite? Y ✓N

If yes, describe recycling process.

2. Were treatment residuals generated from these recycling processes? Y ✓N

Note: The treatment residuals generated from recycling are potentially subject to the land ban. Since the waste residuals are derived from the wastes, they retain the same waste codes as the wastes and are therefore subject to the land ban. The residuals require notifications, certifications, etc. and possibly, further treatment, like any other waste subject to the land ban.

Waste analysis (See treatment standards in Appendix B.)

1. Did generator determine that its wastes are ~~subject~~ to the LDR? ✓Y N

If yes, how?

Knowledge of wastes	<u>✓</u> Y	<u> </u> N
TCLP	<u> </u> Y	<u>✓</u> N
Total Waste Analysis	<u> </u> Y	<u>✓</u> N
Other	<u> </u> Y	<u>✓</u> N

Explain for each restricted waste:

Describe content and basis of applied knowledge:

[268.7(a)] obtain copies of supporting documentation

If determined by TCLP, or total constituent analysis, provide date of last test, frequency of testing and attach test results (if questionable)
obtain copies of all analyses results

2. Does the generator determine whether the waste exceeds treatment standards? ✓Y N

Do wastes exceed applicable treatment standards upon generation? [268.7(a)(1)]

✓Y N

If Yes, indicate which wastes below.

3. Has the generator conducted any testing or applied knowledge of the soft hammer wastes to determine whether the concentrations qualify the wastes as California list wastes?

Explain below:

✓Y N

BDAT Treatment Standard Determination

1. For F-solvents, did the company determine the waste treatability group? Y N (N/A)

Which waste treatability group was chosen?

Wastewaters containing F001 - F005 solvents

All other spent F001 - F005 solvents

[Wastewaters are defined as F001 - F005 wastes that are primarily water and contain either <1% total organic carbon or <1% total solvents (constituents for which the waste was listed)].

2. For first and second third wastes, did the company determine the waste treatability group? Y N (N/A)

Which waste treatability group was chosen?

Wastewaters

Nonwastewaters

[Wastewaters are defined as wastes that contain <1% total organic carbon and <1% total suspended solids (i.e. total filterable solids)].

3. Did the generator correctly determine the treatability groups? [268.41(a) or 268.43] (N/A)

For F-solvents? Y N

For First and Second Third wastes? Y N

Please explain (specify which groups for which wastes)

4. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard? (based on review of process operation, pipe routing, and point of sampling)? [268.3] Y N ✓

Please explain.

5. Did the generator mix wastes with differing treatment standards? Y N ✓

If so, did the generator select the most stringent treatment standard for each constituent? [268.41(b)] (N/A) Y N

Offsite Management

1. For all restricted wastes, did the generator provide LDR notifications to the facility(ies) receiving the restricted wastes? [268.7(a)(1)]? ✓ Y ✓ N

If no, for which wastes were no notifications provided?

2. Did the LDR notification contain: [268.7(a)(1) or (a)(2)(i)]

EPA waste number	<u>✓</u> Y	<u>✓</u> N
Applicable treatment standard	<u>✓</u> Y	<u>✓</u> N
Manifest number	<u>✓</u> Y	<u>✓</u> N
Waste Analysis data, if available	<u>✓</u> Y	<u>✓</u> N

(Note: After August 17, 1988, notifications must be retained by the generator.)

3. If the restricted wastes did not exceed treatment standards, did the generator provide to all receiving facilities the certification stating that the waste meets treatment standards? [268.7(a)(2)]? ✓ N/A ✓ Y ✓ N

Obtain copies of certification

4. Is any of the generator's waste subject to a:

national capacity extension (NCE)?	<u>✓</u> Y	<u>✓</u> N
case by case extension?	<u>✓</u> Y	<u>✓</u> N
no migration petition?	<u>✓</u> Y	<u>✓</u> N

If yes:

For which wastes?

Did the generator submit to receiving facility the appropriate LDR notifications with each shipment, containing the following information? [268.7(a)(3)]

EPA waste number	<u>✓</u> Y	<u>✓</u> N
Applicable treatment standard	<u>✓</u> Y	<u>✓</u> N
Manifest number	<u>✓</u> Y	<u>✓</u> N
Waste Analysis data, if available	<u>✓</u> Y	<u>✓</u> N
Wastes subject to extension/petition	<u>✓</u> Y	<u>✓</u> N
Dates when waste is subject to LDR	<u>✓</u> Y	<u>✓</u> N

5. Did the generator retain copies of all notifications/certifications sent with each manifest to offsite facilities? [268.7(a)(6)] ✓ Y ✓ N

Obtain completed copy of notification.

*Some were provided
for after the inspection
date.
See fax copies in
this report*

6. For each "soft hammer" waste generated, did the generator do the following:
[268.7(a)(4)&(6)/268.8]

Submit a demonstration to the Regional Administrator prior to initial shipment of the waste directly or indirectly to a landfill or surface impoundment?
[268.8(a)(2)]

____ Y ____ N

Submit a copy of the demonstration to the receiving facility upon initial shipment of the waste? [268.8(a)(3)&(4)]

____ Y ____ N

Retain a copy of the demonstration? [268.8(a)(3)]

____ Y ____ N

Send a copy of the soft hammer certification to the receiving facility with each subsequent shipments? [268.8(a)(3)]

____ Y ____ N

Retain a copy of each soft hammer certification for all subsequent shipments?
[268.7(a)(6)]

____ Y ____ N

7. Has the Regional Administrator invalidated the soft hammer demonstration?

____ Y ____ N

If yes, has the generator ceased shipment of the wastes? [268.8(b)(3)]

____ Y ____ N

Do records indicate that the generator has informed all receiving facilities of the invalidation? obtain supporting documentation [268.8(b)(3)]

____ Y ____ N

8. Identify (including EPA I.D. #) all offsite facilities receiving restricted wastes:

Clean Harbors of Braintree, Ma.
385 Quincy Ave., Braintree

MAD 053452637

Complete TSD checklist if waste is stored for more than 90 days or if treatment is conducted on-site.

Checklist valid through May 8, 1990

Ed P 6/18/90



Algonquin Gas Transmission Company
Facsimile Transmittal Cover Sheet

Date: 6/15/90Time: 1:50Number of Pages (including cover sheet): 7Transmittal To: Name: Gregory Tomaszewski
Company: DEP~~Phone No.:~~ 617 - 935 - 6393
FAXTransmittal From: Name: Carolyn d'Aquin court
Dept: Environmental Eng
Ext: 617-560-1413

Phone Number Transmitted From: 617-560-1493

Comments: Attached are copies of
The requested land
ban certification forms

CWM Profile Number: 38827State Manifest No. MAC 697042

This form is submitted to Chemical Waste Management, Inc. in accordance with 40 CFR Part 268, which restricts the land disposal of certain hazardous wastes.

I. IDENTIFICATION OF THE WASTE

I have identified my waste and marked the appropriate box(es) below to indicate how my waste must be managed to conform to the land disposal restrictions.

- A. Is this waste a non-wastewater or a wastewater? Check ONE: ☐ Non-Wastewater ☐ Wastewater
 B. Identify ALL USEPA hazardous waste numbers that apply to this waste shipment (as defined by 40 CFR 261). For each waste number, identify the corresponding subcategory (check NONE or write in the description from 40 CFR 268.41, 42 or 43).

USEPA HAZARDOUS WASTE NO.	SUBCATEGORY
D001	imitable liquid

USEPA HAZARDOUS WASTE NO.	SUBCATEGORY

To list additional USEPA waste number(s) and subcategory(s), use the supplemental sheet provided (CWM-2001-B). If the supplemental page is used, check here: ☐

II. HOW MUST THE WASTE BE MANAGED?

Check the box(es) that indicate the Land Ban status of the waste. For any waste(s) that meets part of the treatment standard and requires additional treatment, you must mark (1) Box A (the waste requires treatment) and (2) Box B-1 or B-2, or D (the waste satisfies part of the treatment standards).

☒ **A. RESTRICTED WASTE REQUIRES TREATMENT**

I am the initial generator of a restricted waste (i.e., solvent/dilute, California List, or scheduled waste) which must be treated to the applicable treatment standard set forth in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.33 or RCRA Section 3004(d) prior to land disposal. This requirement applies to EPA hazardous waste number(s) _____ AND/OR the following California List constituents (check all that apply): ☐ Acid, ☐ Metal, ☐ Cyanide, ☐ HCL. A copy of all applicable treatment standards and specified treatment methods is maintained at the treatment, storage, and disposal facility named above.

☐ **B.1. RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS**

The EPA hazardous waste number(s) _____ has been treated to compliance with the applicable performance standards specified in 40 CFR Part 268 Subpart D. Supporting data is available to be provided as requested by the receiving party.

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.33 or RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

☐ **B.2. RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THE SPECIFIED TECHNOLOGY)**

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment." This treatment has been performed for EPA hazardous waste number(s) _____

☐ **C. RESTRICTED WASTE SUBJECT TO A VARIANCE**

The waste described above is subject to a national capacity variance, a technology variance, or a site-by-site variance which expires on _____. This variance applies to EPA hazardous waste number(s) _____. If disposal occurs in a landfill or surface impoundment, the site must meet the minimum technological requirements. (Note: Waste disposed in a landfill or surface impoundment is subject to a separate set of variances. See instructions to 40 CFR Part 268.)

☐ **D. RESTRICTED WASTE CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT**

I am the initial generator of the following EPA hazardous waste number(s) _____. I have determined that the waste meets all applicable treatment standards set forth in 40 CFR Part 268 Subpart D, and all applicable prohibitions set forth in 40 CFR 268.33 or RCRA Section 3004(d), and therefore, can be land disposed without further treatment. A copy of all applicable treatment standards and specified treatment methods is maintained at the treatment, storage, and disposal facility named above.

"I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.33 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false certifications, including the possibility of a fine and imprisonment."

"I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information."

Signature

Mike Hagan

Title

1990 Chemical Waste Management, Inc. - 3/90 - Form CWM-2001-A

Date 060190

Generator Name: ALGONQUIN GAS TRANSMISSIONManifest Doc. No. CWM Profile Number: R 3 8 8 2 7State Manifest No. MPC 697043

This form is submitted to Chemical Waste Management, Inc. in accordance with 40 CFR Part 268, which restricts the land disposal of certain hazardous wastes.

I. IDENTIFICATION OF THE WASTE

I have identified my waste and marked the appropriate box(es) below to indicate how my waste must be managed to conform to the land disposal restrictions.

- A. Is this waste a non-wastewater or a wastewater? Check ONE: ☐ Non-Wastewater ☐ Wastewater
 B. Identify ALL USEPA hazardous waste numbers that apply to this waste shipment (as defined by 40 CFR 261). For each waste number, identify the corresponding subcategory (check NONE or write in the description from 40 CFR 268.41, .42 or .43).

USEPA HAZARDOUS WASTE NO.	SUBCATEGORY
D001	Ignitable liquid

USEPA HAZARDOUS WASTE NO.	SUBCATEGORY

To list additional USEPA waste number(s) and subcategory(s), use the supplemental sheet provided (CWM-2001-B). If the supplemental page is used, check here: ☐

II. HOW MUST THE WASTE BE MANAGED?

Check the box(es) that indicate the Land Use status of the waste. For any waste(s) that meets part of the treatment standard and requires additional treatment, you must mark (1) Box A (the waste requires treatment) and (2) Box B.1 or B.2, or D (the waste satisfies part of the treatment standards).

☒ **A. RESTRICTED WASTE REQUIRES TREATMENT**

I am the initial generator of a restricted waste (i.e., solvent/dioxin, California List, or scheduled waste) which must be treated to the applicable treatment standard set forth in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d) prior to land disposal. This requirement applies to EPA hazardous waste number(s) AND/OR the following California List constituents (check all that apply): ☐ Acid, ☐ Metals, ☐ Cyanides, ☐ HOCs, ☐ . A copy of all applicable treatment standards and specified treatment methods is maintained at the treatment, storage and disposal facility named above.

☐ **B.1 RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS**

The EPA hazardous waste number(s) has been treated in compliance with the applicable performance standards specified in 40 CFR Part 268 Subpart D. Supporting data is available to be provided as requested by the receiving facility.

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

☐ **B.2 RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THE SPECIFIED TECHNOLOGY)**

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment." This statement has been performed for EPA hazardous waste number(s) .

☐ **C. RESTRICTED WASTE SUBJECT TO A VARIANCE**

The waste identified above is subject to a national capacity variance, a technology variance, or a case-by-case variance which expires on . This variance applies to EPA hazardous waste number(s) . If disposal occurs at a landfill or surface impoundment, the unit must meet the minimum technological requirements. (Note: Wastes disposed for off-site incineration are subject to a separate set of variances. See Interpretation of 40 CFR Part 268.)

☐ **D. RESTRICTED WASTE CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT**

I am the initial generator of the following EPA hazardous waste number(s) . I have determined that the waste meets all applicable treatment standards set forth in 40 CFR Part 268 Subpart D, and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d), and therefore, can be land disposed without further treatment. A copy of all applicable treatment standards and specified treatment methods is maintained at the treatment, storage and disposal facility named above.

"I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false certification, including the possibility of a fine and imprisonment."

I hereby certify that all information submitted in this and all associated documents is complete and accurate, to the best of my knowledge and information.

Signature Title Date 5/21/90



**NOTICE AND CERTIFICATION FROM GENERATOR TO TREATMENT FACILITY
THAT WASTES DO NOT MEET LAND PROHIBITION TREATMENT STANDARDS**

The wastes identified on manifest number MAC 203184 are subject to the land disposal prohibitions of 40 CFR 268. The wastes do not meet the treatment standards specified in part 268 subpart D or do not meet the prohibitions specified in 268.32 or RCRA section 3004(d). The treatment standards or prohibition levels applicable to each waste is identified below:

Waste ID#	Applicable treatment standard or prohibition level	Waste ID#	Applicable treatment standard or prohibition level
D001 (HA02)	Incineration		

A waste analysis for these wastes is included, where available.

Algonquin Gas Transmission Company Carolyn G. d'Agincourt
Generator Authorized Signature

6/15/90
Date

Carolyn G. d'Agincourt
Typed/Printed Name

* Upon review of files, to complete the necessary documentation, this land ban certification form was completed on this date.

Senior Environmental Engineer
Title



**NOTICE AND CERTIFICATION FROM GENERATOR TO TREATMENT FACILITY
THAT WASTES DO NOT MEET LAND PROHIBITION TREATMENT STANDARDS'**

The wastes identified on manifest number MAC 697223 are subject to the land disposal prohibitions of 40 CFR 268. The wastes do not meet the treatment standards specified in part 268 subpart D or do not meet the prohibitions specified in 268.32 or RCRA section 3004(d). The treatment standards or prohibition levels applicable to each waste is identified below:

Waste ID#	Applicable treatment standard or prohibition level	Waste ID#	Applicable treatment standard or prohibition level
<u>D201</u> <u>(MAC2)</u>	<u>Incineration</u>		

A waste analysis for these wastes is included, where available.

Algonquin Gas Transmission Co. Carolyn G. d'Agincourt
Generator Authorized Signature

6/15/90

Date

Carolyn G. d'Agincourt

Typed/Printed Name

Senior Environmental Engineer

Title

* Upon review of files, to complete the necessary documentation, this land ban certification form was completed on this date.

**NOTICE AND CERTIFICATION FROM GENERATOR TO TREATMENT FACILITY
THAT WASTES DO NOT MEET LAND PROHIBITION TREATMENT STANDARDS***

The wastes identified on manifest number MAC 697078 are subject to the land disposal prohibitions of 40 CFR 268. The wastes do not meet the treatment standards specified in part 268 subpart D or do not meet the prohibitions specified in 268.32 or RCRA section 3004(d). The treatment standards or prohibition levels applicable to each waste is identified below:

Waste ID#	Applicable treatment standard or prohibition level	Waste ID#	Applicable treatment standard or prohibition level
<u>D001</u> <u>(HA02)</u>	<u>Incineration</u>		

A waste analysis for these wastes is included, where available.

Algonquin Gas Transmission Co.
Generator

Carolyn G. d'Agincourt
Authorized Signature

6/15/90
Date

Carolyn G. d'Agincourt
Typed/Printed Name

* Upon review of files, to complete the necessary documentation, this land ban certification form was completed on this date.

Senior Environmental Engineer
Title

Post-It - brand fax transmittal memo 7671

of pages ▶

To Carolyn	From Pam Gauthier
Co.	Co. Clean Haulbox
Dept.	Phone # 617 849 1807
Fax # 1 617 560 1493	Fax # 848 9659

40th 29189

8/12/88

ABILITY

305

are subject to the land disposal prohibitions of 40 CFR 261.268. The same do not meet the treatment standards specified in 40 CFR 268 Subpart A or the land disposal prohibitions specified in 40 CFR 268 Subpart A section 268.10. The treatment standards or prohibition level applicable to each waste are identified below:

Manifest
L. No. Item No.

Hazardous
Waste No.

Applicable Treatment Standard
or Prohibition Level

1. 5. 11A

MAOZDOOL

Incineration

1. Please assign for these cases 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839,

Authorized Signature: James A. P...

Francis A. Ross
Typed, Printed Name



**NOTICE AND CERTIFICATION FROM GENERATOR TO TREATMENT FACILITY
THAT WASTES DO NOT MEET LAND PROHIBITION TREATMENT STANDARDS**

The wastes identified on manifest number MAC437666 are subject to the land disposal prohibitions of 40 CFR 268. The wastes do not meet the treatment standards specified in part 268 subpart D or do not meet the prohibitions specified in 268.32 or RCRA section 3004(d). The treatment standards or prohibition levels applicable to each waste is identified below:

Waste ID#	Applicable treatment standard or prohibition level	Waste ID#	Applicable treatment standard or prohibition level
0007	leachable 1+2 (chrome)		

A waste analysis for these wastes is included, where available.

Algonquin Gas Transmission Co
Generator

Date

8/21/89

Francis A. Rose
Authorized Signature

Francis A. Rose
Typed/Printed Name

R/L Foreman
Title